

Interested Party Questionnaire

Name of Child(ren): _____ Board #: _____ Return by: ____/____/____

If you have completed any type of report within the last 60 days, please attach a copy which can be used in place of completing this questionnaire.

What is your role/responsibility on this case or for these child(ren)?

Do you receive adequate communication and ongoing updates from the Case Manager regarding the progress of the child(ren)'s case? Please explain.

What services are currently being provided to the child(ren)? Do you feel the child(ren) are receiving the appropriate services? Are there any unmet needs for the child(ren)? Please explain.

What services are currently being provided to the parent(s)? Do you feel the parent(s) are receiving the appropriate services? Are there any unmet needs for the parent(s)? Please explain.

Do you have any concerns regarding the child(ren) in this case?

Do you feel that the child(ren) can return safely home? Please explain.

Is there any other information that you believe is pertinent for the Board to consider regarding these child(ren)? Please feel free to add extra pages.

What is reported in this questionnaire may be included in the local board's report to the legal parties to the case.

By the return of this document via email, your email serves in lieu of your signature.

Form completed by: _____

Date completed: ____/____/____

THANK YOU, PLEASE RETURN THIS FORM TO:

Foster Care Review Office

521 S. 14th Street, Suite 401 Lincoln, NE 68508-2707

Fax (402) 471-4437 or E-mail to address of the Review Specialist listed on the invitation letter.